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| **OFFICE USE ONLY** |
| Date: |        |
| Staff: |        |
| Client ID: |        |

 **Request for Young Saheliya Services**

|  |  |  |  |  |  |  |
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| Name: |        |  | Social Media ID: | Twitter:Facebook: |       |  |
|       |
| Address: |       |  |  |  |  |   |
|   |       | Postcode: |       |
| Tel: |       |  Email: |       |
| Mobile: |       |  N.I.N.: |       |       |       |       |        |
| How to contact: | Phone: |  [ ]  | Message: |  [ ]  | Post: [ ]  | Email: [ ]  |

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| Ethnicity:       |  | Religion**:** |       | Nationality: |  |
| Language:      |  |  D.O.B.:  |       |
| Is this a self referral? | Yes [ ]  | No [ ]  | Professional Referrals: |   |
| Are parents aware of the referral?  | Yes [ ]  | No [ ]  | Name of Referrer: |        |
| (consent required for under 12s ONLY) |  |  | Organisation |        |
|  Name of School/College/University: |       |  | Contact number: |        |
|  |        | Contact email: |       |  |

|  |  |
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| **In case of emergency, please contact:** | Name:       |
| Relationship:  |       | Tel:      |   |
| **My GP is Dr.:** |       | Tel:      | Med. Centre:      |
| Address: |       |
| Health Condition/ Disability: |       | Medication(s): |       |

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| Has the young person accessed other psychological services? | Yes: |  [ ]  | No: |  [ ]  |
| Details of service:       | Date last seen: |        |
|  |  |  |  |  |  |
| **Please give contact information on the Named Person, as well as other key workers involved with the young person (ex. youth worker, social worker, guidance teacher, etc.):** |
|  Parental Country of Birth (PCoB) |  |  |  |  |  |
| *Named Person:* |       | *Organisation*: |       | Phone number: |        |
| Other Workers: |  |  |  |  |
| Name: |       | Organisation: |       | Phone Number: |       |
| Name: |       | Organisation: |       | Phone Number: |       |
| Name: |       | Organisation: |       | Phone Number: |       |

**Professional Referrals: Please use the ‘Wellbeing Wheel’ to identify issues and, if appropriate, how the information has been shared and actions taken. Please also summarise any previous concerns:**

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| **Other Household Members:** |   |   |   |   |   |
| Name: |       | Relationship:       |  | Name: |       | Relationship: |        |
| Name: |       | Relationship:       |  | Name: |       | Relationship: |        |
| Name: |       | Relationship:       |  | Name: |       | Relationship: |        |
| Name: |        | Relationship:       |   | Name: |       | Relationship: |        |
| **Self Referrals:** Please tell us why you would like to access Young Saheliya Services:Who else have you shared your concerns withDo we have permission to talk with other professionals. Who? |
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| **Psychological Health** |  |  |  |  |  |  |  |  |  |
| Stress | [ ]   |   | Eating Disorder |  [ ]  | Alcohol | [ ]   | Low Mood |  [ ]  |
| Anxiety | [ ]  |  | Depression | [ ]  | Flashbacks  | [ ]  | Trauma |  [ ]  |
| PND | [ ]  |  | Bereavement | [ ]  | Panic Attacks | [ ]  | PTSD |  [ ]  |
| Phobias |  [ ]  |   | Other:      | Self Harm |  [ ]  | Drugs |  [ ]  |
|   |   |   |   |   |  |  |  |  |  |  |  |
| **Welfare & Wellbeing** |   |  |  |  | **Immigration** |
| Parenting  | [ ]   |   | Domestic Violence |  [ ]  | Employability | [ ]   |  | Asylum Seeker | [ ]  |
| Carer  | [ ]  |  | Coercive Control | [ ]  | Career Issues |  [ ]  |  | Refugee |  [ ]  |
| Child Concerns | [ ]  |  | Financial Problem | [ ]  | Separation |  [ ]  |  | Trafficking |  [ ]  |
| Racism | [ ]  |  | Concern for other(s) | [ ]  | Divorce |  [ ]  |  | Slavery |  [ ]  |
| Bullying | [ ]  |  | Academic Issues | [ ]  | Advocacy |  [ ]  |  | Case Pending |  [ ]  |
| Cyber Bullying |  [ ]  |   | Housing Issues |  [ ]  | Other:      |   |  | Spousal Visa |  [ ]  |
|  |  |  |  |  |  |  |  |  | Sponsor  |  [ ]  |
| **Physical Health** |  | **Culture/Community** |  |  | **Barriers** |  |  |  |  |  |
| Insomnia |  [ ]  |  | Community Rel/ship | [ ]   |  | Isolation |  [ ]  |  | **Legal/Forensic** |  |  |
| Hypersomnia |  [ ]  |  | Marital Rel/ship |  [ ]  |  | Religious Divorce |  [ ]  |  | Child Custody |  [ ]  |
| Nightmares |  [ ]  |  | Family Rel/ship |  [ ]  |  | Language Support |  [ ]  |  | Immigration |  [ ]  |
| Aches & Pains |  [ ]  |  | In-law Abuse |  [ ]  |  | Low Confidence |  [ ]  |  | Court Involvement |  [ ]  |
| Low Appetite |  [ ]  |  | FGM |  [ ]  |  | Life Transitions |  [ ]  |  | Comm. & Lawyer |  [ ]  |
| Memory Loss |  [ ]  |  | Forced Marriage |  [ ]  |  | Practical Support |  [ ]  |  | Legal Repres/tion |  [ ]  |
| FGM symptoms |  [ ]  |  | Identity Issues |  [ ]  |  | Literacy Issues |  [ ]  |  | Legal Aid |  [ ]  |
|  |  |
| **Consider For: Counselling** **[ ]**  | **One-to-one support** **[ ]  Befriending** **[ ]  Group Support** **[ ]**  |
| **Complementary Therapies** **[ ]  Young Saheliya Group** **[ ]  School Work** **[ ]**  |
| **Consent: I have explained to the Referred Person about Saheliya’s Confidentiality and Record-Keeping policies and she acknowledged this by signing below / I initial on her behalf in her presence.** **Referred Person: Saheliya Staff : Date:** |

*Please return this form to:*

Saheliya, 125 McDonald Road, Edinburgh, EH7 4NW

Tel: 0131 556 9302; Email: info@saheliya.co.uk;